



State of Washington

DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200

Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

MORTGAGE BROKER LICENSING EXAMINATION SCHEDULE

<u>EXAM DATE</u>	<u>DAY</u>	<u>TIME</u>	<u>REGISTRATION DEADLINE:</u>
March 15, 2006	Wednesday	9:00 am-Noon	March 1, 2006
March 15, 2006	Wednesday	1:30 pm-4:30 pm	March 1, 2006
April 19, 2006	Wednesday	9:00 am-Noon	April 5, 2006
April 19, 2006	Wednesday	1:30 pm-4:30 pm	April 5, 2006
May 24, 2006	Wednesday	9:00 am- Noon	May 10, 2006
May 24, 2006	Wednesday	1:30 pm-4:30 pm	May 10, 2006
June 21, 2006	Wednesday	9:00 am-Noon	June 7, 2006
June 21, 2006	Wednesday	1:30 pm-4:30 pm	June 7, 2006
July 19, 2006	Wednesday	9:00 am-Noon	July 5, 2006
July 19, 2006	Wednesday	1:30 pm-4:30 pm	July 5, 2006

Please use one page per person to register for the examination:

- 1) Circle the desired date above and **complete (TYPE)** the information below.
- 2) Fax or mail this form to the Division of Consumer Services as per letterhead above for receipt on or before registration deadline date.
- 3) Seating is limited and NOT guaranteed. Confirmation will be made on a first come, first served basis.
- 4) Approximately 10 days before the exam, you will receive a confirmation (by fax or e-mail) notifying you of the exam date and time slot in which a seat has been reserved. About 4 days prior to the exam date, you will receive instructions, sample questions, and driving directions to the testing site in Olympia, Washington. **NOTE:** Be sure and check your spam or other junk mail e-mail options, to ensure you receive confirmation.
- 5) DFI does not provide study material. See WAC 208-660-045 for a list of tested topics.

Candidate Name: _____
First Middle Initial Last

Photo ID: _____
Issuer Number

Residence Address: _____
Street City State Zip

Home phone: _____ Email address: _____

Business phone: _____ Fax number: _____

☐ I would like to schedule an appointment for a pre-filing conference to discuss my application.

If special assistance or accommodations are required due to disability, please indicate need:
